Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

0505-12869

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
|--|---|---|----------------------------------|------------------------------------|------------------------|----------------------------------|-------|---------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS | | | . 19 | | | | | RATE | FEE | 7 | RATE | FEE |
| FOR . | | | NUMBER FILED | | NUMBER EXTRA | | · | BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| TOTAL CHARGEABLE CLAIMS | | | 1 9 minus 20= | | · 0 | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = | | ' ପ | | | X43= | | OR | X86= | · |
| ML | JLTIPLE DEPEI | NDENT CLAIM P | RESENT | | - | | | +145= | | OR | +290= | |
| * 11 | the difference | e in column 1 is | ero, enter | "0" in c | column 2 | | TOTAL | | OR | TOTAL | 790 | |
| | C | OTHER THAN | | | | | | | | | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | SMALL | ENTITY | OR | SMALL | ENTITY |
| AMENDMENT A | · | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID F | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | • | = | | X\$ 9= | | OR | X\$18= | , |
| AME | Independent | dent * Minus *** RESENTATION OF MULTIPLE DEPENDENT | | <u> </u> | CL AIM | = | | X43= | | OR | X86= | - |
| | TIMOT TRESLITATION OF MIDERIFLE DEPENDENT CLAIM | | | | | | | +145= | | OR | +290= | |
| | | | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | _ | | | • | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = . | | X\$ 9= | | OR | X\$18= . | |
| | Independent | * | Minus | *** | 0. 4.14 | = | | X43= | | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145= | | OR | +290= | |
| | | | | | | | | TOTAL DDIT. FEE | | C L | TOTAL ADDIT. FEE | • |
| | (Column 1) (Column 2) (Column 3) | | | | | | | ODII. FEE S | • | . , | WUII. FEEL | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | · | HIGHE NUMB PREVIOU PAID F | ST ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | 1 | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | 1 | = | | X43= | | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." | | | | | | | | | | OR | +290= TOTAL | |
| ** | the "Highest Nun the "Highest Nur | nber Previously Painber Previously Pa | id For IN THIS id For IN THIS | SPACE is: | less than less thán | 20, enter "20." 3, enter "3." | _ ^ | TOTAL DDIT. FEE | | | DDIT. FEE L | |
| . 1 | he "Highest Num | ber Previously Paid | For" (Total or | Independen | it) is the f | nighest number | four | nd in the app | opriate box | in colu | mn 1. | |